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Bib Data Sheet

SERIAL NUMBER 09/659,866	FILING DATE 09/12/2000 RULE _	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. GOLDENH.001C1
APPLICANTS Scott J. Jones, Escondido, CA ; Kevin C. Hutton, Solana Beach, CA ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/31/2000				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
ADDRESS 20995				
TITLE Integrated emergency medical transportation database system				
FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

CONFIRMATION NO. 2541

Bib Data Sheet

SERIAL NUMBER 09/659,866	FILING DATE 09/12/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. GOLDENH.001C1
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APPLICANTS

Scott J. Jones, Escondido, CA;
Kevin C. Hutton, Solana Beach, CA;

** CONTINUING DATA *****
mt 09/033,440 3/2/1998 verified

** FOREIGN APPLICATIONS *****
mt None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/31/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

ADDRESS
 20995
 KNOBBE MARTENS OLSON & BEAR LLP
 2040 MAIN STREET
 FOURTEENTH FLOOR
 IRVINE , CA
 92614

TITLE
 Integrated emergency medical transportation database system

FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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